

## Rural Communities

Illinois has 102 counties and in 2013, 83 of these were classified as rural.\* Among the 60,267 persons in Illinois diagnosed with HIV disease since the beginning of the epidemic, 6% were living in a rural county at the time of diagnosis. Although HIV/AIDS in Illinois is primarily an urban phenomenon, persons living with HIV disease do reside in rural areas of the state and may face barriers in accessing appropriate care such as the need to travel large distances to access care, limited transportation, concerns about confidentiality and stigma, and lack of social support (Pellowski, 2013).

**Figure 1. County Rural Designation, Illinois, 2013**



**Source:** Illinois Department of Public Health, June, 2014

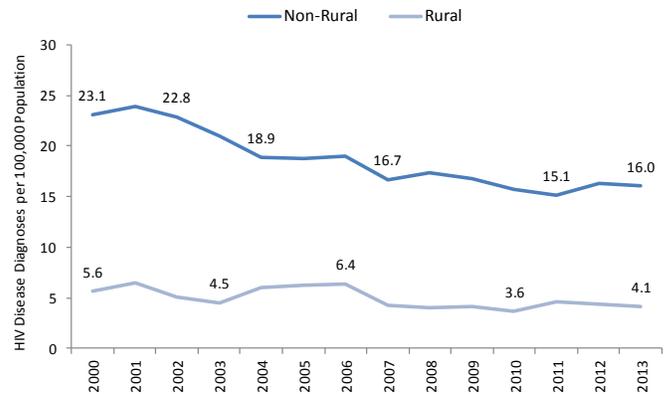
\*The Illinois Department of Public Health’s Center for Rural Health defines a county as rural if it is either outside of a metropolitan area or part of a metropolitan area with a population of fewer than 60,000 persons. The terms “metropolitan” and “non-metropolitan” are based on the size of the cities within those counties and on commuting ties with surrounding counties.

### HIV Disease Diagnoses

In Illinois, rates of new HIV disease diagnoses among persons living in non-rural counties have consistently been higher than among persons living in rural counties.

Since 2000, HIV disease diagnosis rates have decreased in both rural and non-rural counties.

**Figure 2. Rate of HIV Disease Diagnoses by County at Diagnosis Rural Status and Year of Diagnosis, Illinois, 2000–2013**



**Source:** Illinois Department of Public Health, June, 2014

### Age at Diagnosis

Among persons diagnosed with HIV disease from 2009–2013 in Illinois, those living in rural counties were more likely to be diagnosed at ≥50 years of age (Figure 3). Youth 13–24 years accounted for a large proportion of new HIV disease diagnoses in both rural and non-rural counties.

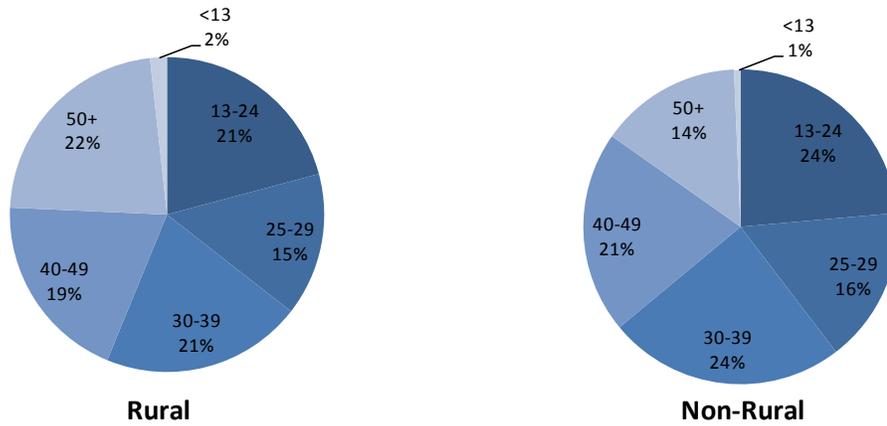
### Transmission Risk Category

Although the primary transmission risk factor for new HIV disease diagnoses from 2009–2013 was male-to-male sexual contact, it accounted for a lower proportion of new diagnoses in rural counties than non-rural counties (59% vs. 72%). Injection drug use as a transmission risk factor accounted for a higher proportion of diagnoses among persons living in rural counties compared to non-rural counties (11% vs. 5%). (Figure 4).

### Race/Ethnicity

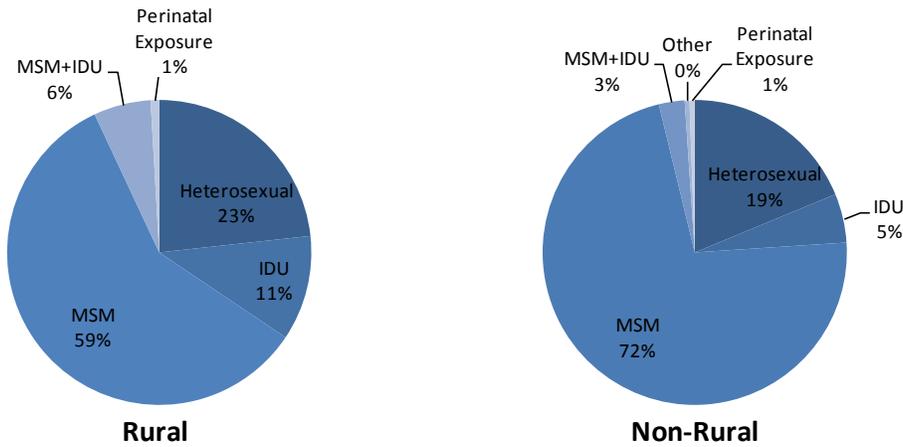
In rural counties, the majority of persons diagnosed with HIV disease from 2009–2013 were non-Hispanic (NH) white (Figure 5). In non-rural counties, the majority of individuals newly diagnosed with HIV disease were NH black. Hispanics made up a larger proportion of individuals diagnosed in non-rural counties than rural counties (19% vs. 8%).

**Figure 3. HIV Disease Diagnoses by Age of Diagnosis and County at Diagnosis Rural Status, Illinois, 2009–2013**



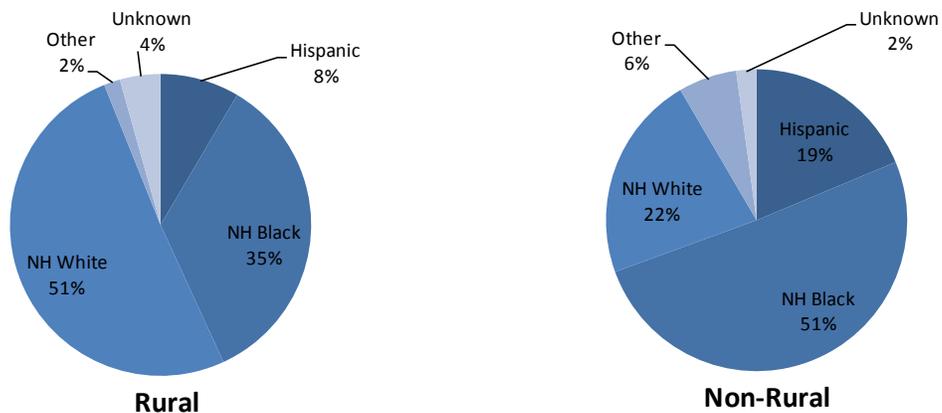
Source: Illinois Department of Public Health, June, 2014

**Figure 4. HIV Disease Diagnoses by Transmission Risk Category and County at Diagnosis Rural Status, Illinois, 2009–2013**



Source: Illinois Department of Public Health, June, 2014

**Figure 5. HIV Disease Diagnoses by Race/Ethnicity and County at Diagnosis Rural Status, Illinois, 2009–2013**

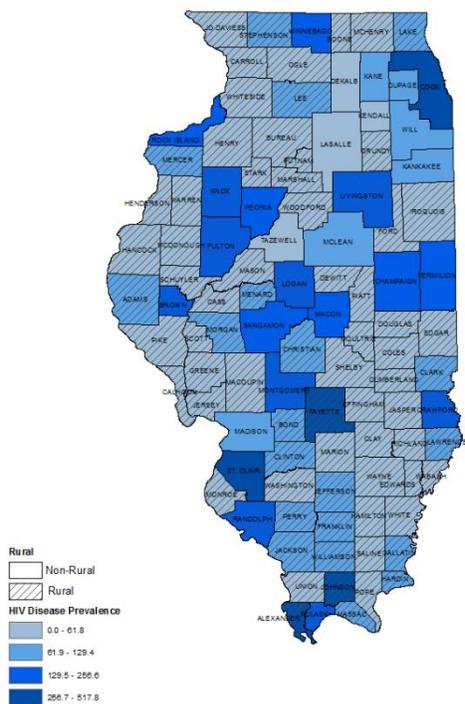


Source: Illinois Department of Public Health, June, 2014

### Persons Living with HIV Disease

At the end of 2013, there were 36,064 persons living with HIV disease in Illinois with 2,189 or 6% living in rural areas. Although some of the highest HIV disease prevalence rates in Illinois were in urban areas, a few rural counties had high HIV disease prevalence rates including Johnson, Fayette, and Alexander counties.

**Figure 6. Persons Living with HIV Disease per 100,000 Population by County and County Rural Status, 2013, Illinois**

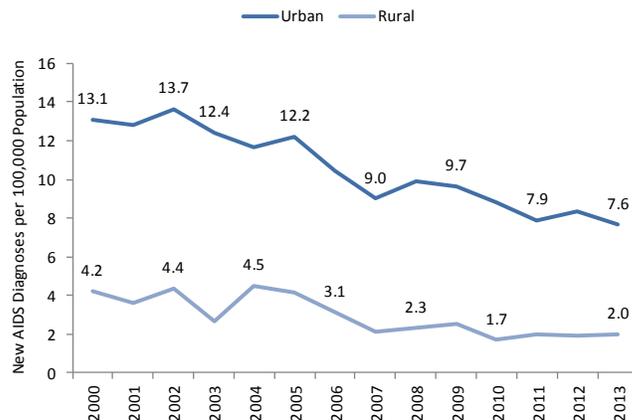


**Note:** County based on last known county of residence.  
**Source:** Illinois Department of Public Health, June, 2014

### AIDS Diagnoses

While AIDS incidence in both rural and non-rural counties declined from 2000–2013, starting in 2010, AIDS incidence plateaued in rural counties but continued to decline in non-rural counties.

**Figure 7. Rate of AIDS Diagnoses in Rural and Non-Rural Counties by Year of Diagnosis, Illinois, 2000–2013**

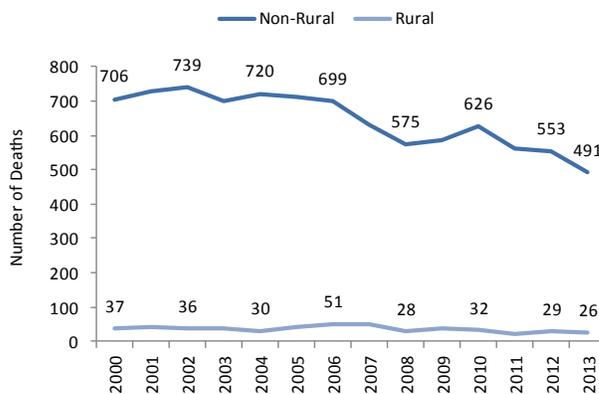


**Source:** Illinois Department of Public Health, June, 2014

### Mortality

The number of deaths among HIV positive persons living in both rural and non-rural counties declined from 2000 to 2013. Rates of decline were similar with a reduction of almost one-third in both rural and no-rural counties.

**Figure 8. Deaths among Persons Living with HIV Disease by County of Residence Rural Status and Year of Death, Illinois, 2000–2013**



**Source:** Illinois Department of Public Health, April, 2015

## REFERENCES

- Illinois Department of Public Health (IDPH). (April, 2015). *Illinois Enhanced HIV/AIDS Reporting System*.
- IDPH. (June, 2014). *Illinois Enhanced HIV/AIDS Reporting System*.
- Pellowski, J. A. (2013). Barriers to Care for Rural People Living With HIV: A Review of Domestic Research and Health Care Models. *Journal of the Association of Nurses in AIDS Care*, 24(5), 422-437.